

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY
SUPERVISION**

**Sample Letter for Family Reunion Program for NO Known Chronic Communicable
Diseases**

Facility Letter Head
(See Directive #0008, "Use of Department Stationery & Business Cards")

Date

Name and Address
of Spouse

Dear _____:
Name of Spouse

Your spouse, _____, has recently applied for the
Name of Incarcerated Individual

privilege of having a Family Reunion visit with you at this facility. The Family Reunion visit will allow you to spend several days with your spouse in privacy.

Although your spouse has not been diagnosed with a communicable disease, I believe it is important to provide you with information about preventing the spread of HIV/AIDS, hepatitis B, hepatitis C, and sexually transmitted diseases.

These viral diseases can cause serious, even life-threatening illness, which can be spread by sexual activity, as well as through other means. The risk of transmitting any of these diseases can be minimized. We have supplied your spouse with condoms. Properly using a condom every time you have sex decreases the chance of transmission of each of these diseases.

I have enclosed several educational brochures about communicable diseases. I urge you to take the time to read the information, and to call the toll-free numbers provided on the back of the brochures if you need more information.

Sincerely,

Facility Health Services Director

This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for release of medical or other information is NOT sufficient authorization for further disclosure.